DCH/HCE-202 (06/04)

Michigan Department of Community Health
Bureau of Health Professions
PO Box 30670
Lansing, MI 48909
(517) 335-0918*

INSTRUCTIONS FOR NURSING HOME ADMINISTRATOR SPONSOR APPLICATIONS

All nursing home administrators licensees must complete approved continuing education courses in order to be eligible for renewal. If NAB did not approve your continuing education program, you can apply for approval for your program by the Michigan Board of Nurisng Home Administrators.

SPONSOR APPLICATIONS:

- Applications must be received at least 45 days prior to the program being held. This allows for processing and notification of approval prior to the event.

- All documentation must be included to avoid processing delays.

- Attendance Monitoring- Please indicate how attendance is monitored by including sample documents and the name of the person monitoring the attendance. The Board wants assurance that attendees are checked out when leaving and checked back in when returning. These times should be verified by the person monitoring attendance. This procedure should include times in which the attendees leave one topic and go to another topic, within the same program.

- Sponsors are required to maintain written records of individual attendance for a period of three (3) years, per Rule 27(1).

- Credits may be awarded only for time spent in education sessions. Registration, breaks, meals, time spent on evaluations, introduction, etc. , are not computed as CE credit per Rule 31(2). Credits requested should be computed using a 50-60 minute hour. Rule 31(1) prohibits partial hours from being awarded, e.g. , 6.75 hours. Only whole hours will be granted, e.g., 6 hours.

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SPONSOR APPLICATION FOR APPROVAL OF NURSING HOME ADMINISTRATOR'S CONTINUING EDUCATION CREDIT

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, approval will not be granted.

SECTION I - PROGRAM INFORMATION

SPONSOR NAME AND COMPLETE MAILING ADDRESS	CONTINUING EDUCATION PROGRAM TITLE
	PROGRAM DATE(S) AND LOCATION(S)
NAME OF CONTACT PERSON PHONE NUMBER ( )	HOW MANY HOURS OF COURSE INSTRUCTION WILL BE PROVIDED (EXCLUDE BREAKS, MEALS, ETC.)

PROGRAM INFORMATION: PLEASE CHECK THE TOPIC(S) WHICH MOST CLOSELY IDENTIFIES THE CONTINUING EDUCATION PROGRAM.

- ☐ Behavioral Science
- ☐ Geriatrics/Gerontology
- ☐ Marketing
- ☐ Management
- ☐ Economics/Finance
- ☐ Health Care
- ☐ Pharmacology & Toxicology
- ☐ Labor Relations
- ☐ Law
- ☐ Communications
- ☐ Any other subjects contributing to the professional competency of the licensee.

SECTION II - APPLICATION CHECKLIST

APPLICANT Please check	ELEMENTS TO BE INCLUDED WITH APPLICATION
	1) This continuing education course is a planned learning program designed to promote the continual development of knowledge, skills and attitudes on the part of the licensee. The application includes:
	OUTLINE (rationale, objective, goal, schedule, content) - Include an explanation of how the program is being designed to further educate the licensee.
	RESUME for each speaker/instructor (limited to two pages per speaker) A copy of the instructional objectives which have been developed for this program.
	DELIVERY METHOD (S) description to be used and the techniques that will be employed to assure active participation.
	2) This continuing education course has responsible sponsorship and capable direction including administrative support which assures maintenance and availability of adequate records of participation as well as adequate budget and instruction resources. The application includes:
	The name, title and address of the Program Director and a description of his/her qualifications to direct this program.
	A description of how participants will be notified that CE credit has been earned. Include a copy of the certificate or other document to be issued.
	A description of how attendance will be monitored, sample documents, and the name of the person monitoring attendance.
	A description of the "refund policy" for the program, as required by Rule 339.14025.

CERTIFICATION

I hereby certify that the statements made in this application are true, complete and correct, and that the materials submitted accurately reflect the presentation and administration of this continuing education program.

If this is not signed and dated, your application will not be complete.

SIGNATURE _____ TITLE _____

TYPE OR PRINT NAME _____ DATE _____

BOARD USE ONLY

Reviewed and Approved By: _____

Number of Hours Approved For: _____

If Less Than Requested, Specific Reason: _____

Denied Application:

Reason for Denial: _____

Pending Application:

Information Needed to Complete Application: _____

***NOTE: If it is necessary that you call regarding this application, the following will assist you with the automated telephone system:**

1. **At the first prompt, press 1**
2. **At the second prompt, press 2**
3. **At the third prompt, press 4**
4. **At the fourth prompt, press 3**

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VERIFICATION OF ATTENDANCE AT A NURSING HOME ADMINISTRATOR'S CONTINUING EDUCATION PROGRAM

Authority: Public Act 368 of 1978, as amended

Please return this form within 30 days after the program has been completed.

Type or Print Only

SPONSOR NAME AND MAILING ADDRESS	CONTINUING EDUCATION PROGRAM T TITLE
	MICHIGAN APPROVAL NUMBER
DATE NAMES REPORTED:	DATE OF PROGRAM:

The information requested on this form is required and will be used to provide administrative services to affected licensees. This form is to be used only by the Sponsor/Coordinator to report attendance and is not intended for use as a sign-in/check sheet or for any other public use.

You may duplicate this form if needed.

MICHIGAN PERMANENT I.D. NUMBER	NAME	HOURS EARNED	FACILITY

Signature of Coordinator _____ Date _____

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.